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DECL		Attorney Doc	ket Number	DEP-5	5172			
AND POWER OF ATTORNEY		First Named Inventor SERHAN						
	TY OR DESIGN APPLICATION CFR 1.63)  Declaration Submit Initial Filing (Surci (37 CFR 1.16(e)) re		COMPLETE IF KNOWN					
(37 €  ☐ Declaration Submitted with		rcharge required)	Application N	lumber				
			Filing Date					
			Group Art Ur	nit				
			Examiner Na	ıme				
As a below named inventor,	I hereby declare that	:						
My residence, malling address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Methods and Devices to Replace Spinal Disc Nucleus Pulposus (Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country		Filing Date D/YYYY)	Priority Not Claim			ed Copy ched? NO	
Additional foreign applic	ation numbers are liste	d on a supp	Nemental priori	by data shoot !	DTO/SP	U/02B attach		

DECLARATION - Utility or Design Patent Application								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.						
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:								
Application Serial No.	Filing Date	Status						
		Patented Patented Patented						
I hereby appoint:		Place Customer						
Practitioners at Customer Number	Number Bar Code Label Here							
AND								
Practitioner(s) named below:  Name Theodore J. Shatynski	Registration Number 36,676							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Address all telephone calls to Theodore J. Shaty	rnski at telephone number (732) 524-2498.							
Direct all correspondence to:	mer Number r Code Label 000027777 OR	☐ Correspondence address below						
Name:								
Address:								
Address:								
City:	State:	ZIP						
Country	Telephone:	Fax:						

I hereby declare that all statements m information and belief are believed to that willful false statements and the lik U.S.C. 1001 and that such willful false issued thereon.	be true; and further ce so made are pun	r that these sta iishable by fine	tements were r or imprisonme	nade with the knowledge ent, or both, under 18				
NAME OF SOLE OR FIRST INVENTOR:								
Given Name (first and middle [if any]) Hassan		Family Name or Surname Serhan						
Inventor's Signature			Date 4.	-30-03				
Residence: City South Easton	State MA	Count	try USA	Citizenship USA				
Mailing Address 27 Forest Edge Road								
City South Easton	State MA	ZIP (	02375	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR:	☐ A po	etition has been fi	led for this unsigne	ed inventor				
Given Name (first and middle [if any]) Michael  Family Name or Surname Slivka								
Inventor's Signature			Date 9-	-30-03				
Residence: City Yaunton	State MA	Count	try USA	Citizenship USA				
Mailing Address 290 Plain Street								
City Taunton	State MA	ZIP (	2780	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF THIRD INVENTOR:	THIRD INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])	Family Name or Surname							
Inventor's Signature		· · · · · · · · · · · · · · · · · · ·	Date					
Residence: City	State	Coun	try	Citizenship				
Mailing Address								
City	State	ZIP		Country				